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# Memo

TO: USPTO/OIPE	From: ALAW Tayore
Fax: 703-746-4060	Pages: Cover + 2
Phone:	Date: 2/17/04
Rei 10/688, 292	CC:
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle  Comments:	
Please process Request for sefund	The cattached of fee, occuparyment.



### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Alan M. Zamore In re application : Serial No. : 10/688,292 Filed October 17, 2003 REDUCED PROFILE MEDICAL BALLOON ELEMENT For Examiner Attorney Docket 2003-6 : Group Art Unit 3731 I hereby certify that this correspondence is being deposited  $\Pi$ with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, \_, or E via fax to D.C. 20231 on

Alan M. Zamoro

#### REQUEST FOR REFUND OF FEE OVERPAYMENT

Commissioner for Patents Washington, D.C. 20231

telephone number 703-746-4/060

Sir:

With respect to the above mentioned application, I hereby request a refund for fee overpayment calculated as follows:

Fees paid at original filing:

Basic filing fee: \$385

35 - 20 claims x \$9 = \$135

6 - 3 Independent claims x \$43 = \$129

Petition to make special: \$130

Total: 3779



U.S. Ser. No. 10/688,292 Filed: October 17, 2003 GAU: 3731

Fees due after amended filing:

Basic filing fee: \$385 35 -20 claims x \$9 = \$135 5 - 3 Independent claims x \$43 = \$86 Petition to make special: \$130 Total: \$736

Overpayment \$43 (\$779-\$736).

#### REMARKS

The refund is believed due since applicant paid for 35 total claims and 6 independent claims at the original filing. After the amendment, 35 claims and 5 independent claims remained.

Please refund the overpayment to the applicant at the address below.

If there are any questions with regard to this amendment please contact Applicant at the telephone number listed below.

Respectfully submitted,

ALAN M. ZAMORE

Alan M. Zamore Applicant

23 Mountain Ave Monsey, NY 10952

Telephone: (845) 425-9469

Fax:

(845) 352-6508

Date: 2/17/04